

BAR No: _____

**APPLICATION FOR CERTIFICATE OF APPROVAL
BOARD OF ARCHITECTURAL REVIEW
CITY OF FAIRFAX**

Applicant: _____ Phone: _____

Applicant's Address: _____

Applicant's Representative: _____ Phone: _____

Representative's Address: _____

Property Owner: _____ Phone: _____

Owner's Address: _____

I hereby certify that the representative named above has the authority vested by me to commit to design changes, and otherwise represent me as property owner to the Board of Architectural Review. The information provided on this application is accurate to the best of my knowledge. I understand that I must comply with all conditions of the Certificate of Approval as well as all other zoning requirements.

Property Owner's Signature

Date

Project Name: _____

Project Location: _____

Project Description: _____

Lot Area: _____ Structure Sq. Ft. (existing) _____ (proposed) _____

AFFIDAVIT

I, _____, do hereby make oath or affirmation that I am an applicant in Application Number _____ and that to the best of my knowledge and belief, the following information is true:

1. (a) That the following is a list of names and addresses of all applicants, title owners, contract purchasers, and lessees of the land described in the application, and if any of the foregoing is a trustee, each beneficiary having an interest in such land, and all attorneys, real estate brokers, architects, engineers, planners, surveyors, and all other agents who have acted on behalf of any of the foregoing with respect to the application:

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) That the following is a list of the stockholders of all corporations of the foregoing who own ten (10) percent or more of any class of stock issued by said corporation, and where such corporation has ten (10) or less stockholders, a listing of all the stockholders:

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

(c) That the following is a list of all partners, both general and limited, in any partnership of the foregoing:

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. That no member of the City Council, Planning Commission, BZA, or BAR has any interest in the outcome of the decision. EXCEPT AS FOLLOWS: (If none, so state.)

3. That within five (5) years prior to the filing of this application, no member of the City Council, Planning Commission, BZA, or BAR or any member of his or her immediate household and family, either directly or by way of a corporation or a partnership in which anyone of them is an officer, director, employee, agent, attorney, or investor has received any gift or political contribution in excess of \$100 from any person or entity listed in paragraph one.

EXCEPT AS FOLLOWS: (If none, so state)

WITNESS the following signature:

Applicant

ALL APPLICANTS MUST SIGN AND HAVE THEIR SIGNATURES NOTARIZED.

The above affidavit was subscribed and confirmed by oath or affirmation before me this _____ day of _____, 200_____ in the State of _____.

My commission expires_____.

Notary Public